



STATE OF ARIZONA  
CORPORATION COMMISSION  
CORPORATION ANNUAL REPORT  
& CERTIFICATE OF DISCLOSURE

AZ Corp. Commission



00813473

DUE ON OR BEFORE 07/31/2003

FY03-04

FILING FEE \$45.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See Instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

RECEIVED

SEP 11 2003

ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

1. -1039886-5

PATRIOT ORDNANCE FACTORY, INC.  
23623 N 67TH AVE  
GLENDALE, AZ 85310

Business Phone: \_\_\_\_\_ (Business phone is optional.)

State of Domicile: **ARIZONA**

Type of Corporation: **BUSINESS**

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ARIZONA CORP. COMMISSION  
CORPORATIONS DIVISION

2. Statutory Agent: **FRANK LYNN DESOMMA**  
Mailing Address: **23623 N 67TH AVE**  
City, State, Zip: **GLENDALE, AZ 85310**

Physical Address, If Different.

Physical Address:

City, State, Zip:

10311-603

ACC USE ONLY

Fee \$ **45**

Penalty \$ **9**

Reinstate \$ \_\_\_\_\_

Expedite \$ \_\_\_\_\_

Resubmit \$ \_\_\_\_\_

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent **MUST** consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are  
**REQUIRED** to complete  
this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Accounting                | <input type="checkbox"/> 20. Manufacturing                   |
| <input type="checkbox"/> 2. Advertising               | <input type="checkbox"/> 21. Mining                          |
| <input type="checkbox"/> 3. Aerospace                 | <input type="checkbox"/> 22. News Media                      |
| <input type="checkbox"/> 4. Agriculture               | <input type="checkbox"/> 23. Pharmaceutical                  |
| <input type="checkbox"/> 5. Architecture              | <input type="checkbox"/> 24. Publishing/Printing             |
| <input type="checkbox"/> 6. Banking/Finance           | <input type="checkbox"/> 25. Ranching/Livestock              |
| <input type="checkbox"/> 7. Barbers/Cosmetology       | <input type="checkbox"/> 26. Real Estate                     |
| <input type="checkbox"/> 8. Construction              | <input type="checkbox"/> 27. Restaurant/Bar                  |
| <input type="checkbox"/> 9. Contractor                | <input type="checkbox"/> 28. Retail Sales                    |
| <input type="checkbox"/> 10. Credit/Collection        | <input type="checkbox"/> 29. Science/Research                |
| <input type="checkbox"/> 11. Education                | <input type="checkbox"/> 30. Sports/Sporting Events          |
| <input type="checkbox"/> 12. Engineering              | <input type="checkbox"/> 31. Technology(Computers)           |
| <input type="checkbox"/> 13. Entertainment            | <input type="checkbox"/> 32. Technology(General)             |
| <input type="checkbox"/> 14. General Consulting       | <input type="checkbox"/> 33. Television/Radio                |
| <input type="checkbox"/> 15. Health Care              | <input type="checkbox"/> 34. Tourism/Convention Services     |
| <input type="checkbox"/> 16. Hotel/Motel              | <input type="checkbox"/> 35. Transportation                  |
| <input checked="" type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities                       |
| <input type="checkbox"/> 18. Insurance                | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services           | <input type="checkbox"/> 38. Other _____                     |

NON-PROFIT CORPORATIONS

- |  |
|--|
| <input type="checkbox"/> 1. Charitable   |
| <input type="checkbox"/> 2. Benevolent   |
| <input type="checkbox"/> 3. Educational  |
| <input type="checkbox"/> 4. Civic  |
| <input type="checkbox"/> 5. Political  |
| <input type="checkbox"/> 6. Religious  |
| <input type="checkbox"/> 7. Social   |
| <input type="checkbox"/> 8. Literary   |
| <input type="checkbox"/> 9. Cultural   |
| <input type="checkbox"/> 10. Athletic  |
| <input type="checkbox"/> 11. Science/Research  |
| <input type="checkbox"/> 12. Hospital/Health Care  |
| <input type="checkbox"/> 13. Agricultural  |
| <input type="checkbox"/> 14. Animal Husbandry  |
| <input type="checkbox"/> 15. Homeowner's Association                                     |
| <input type="checkbox"/> 16. Professional, commercial<br>industrial or trade association |
| <input type="checkbox"/> 17. Other _____   |

**5. CAPITALIZATION:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate. Please examine the corporation's original Articles of Incorporation for the amount of **shares authorized**. Review all corporation amendments to determine if the original number of shares has changed. Examine the corporation's minutes for the number of **shares issued**. **Please Print or Type Clearly.**

Number of Shares/Certificates Authorized

Class

Series Within Class (if any)

300,000

COMMON

NO PAR

Number of Shares/Certificates Issued

Class

Series Within Class (if any)

1,000

COMMON

NO PAR

**6. SHAREHOLDERS:** (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

Name: FRANK LYNN DE SOMMA

Name:

NONE ☐

Name:

Name:

**7. OFFICERS** Please Type or Print Clearly. You Must List at Least One.

Name: FRANK LYNN DE SOMMA

Name:

Title: PRESIDENT

Title:

Address: 23623 N. 67TH AVENUE

Address:

GLENDALE, AZ 85310

Date taking office: 7-31-02

Date taking office:

Name: FRANK LYNN DE SOMMA

Name:

Title: SECRETARY

Title:

Address: 23623 N. 67TH AVENUE

Address:

GLENDALE, AZ 85310

Date taking office: 7-31-02

Date taking office:

**8. DIRECTORS** Please Type or Print Clearly. You Must List at Least One.

Name: FRANK LYNN DE SOMMA

Name:

Address: 23623 N. 67TH AVENUE

Address:

GLENDALE, AZ 85310

Date taking office: 7-31-02

Date taking office:

Name:

Name:

Address:

Address:

Date taking office:

Date taking office:

**1. FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)**

Nonprofit corporations **must attach** a financial statement (e.g. income/expense statement, balance sheet including assets, liabilities). All other forms of corporations are exempt from filing a financial disclosure.

**1A. MEMBERS (A.R.S. § 10-11622.A.6)** Only Nonprofit Corporations must answer this question.

This corporation **DOES** ☐ **DOES NOT** ☐ have members.

**1. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)**

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and/or person controlling or holding more than 0% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been:  
Underlined portion pertains to business corporations only

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:
  - (a) fraud or registration provisions of the securities laws of that jurisdiction, or
  - (b) the consumer fraud laws of that jurisdiction, or
  - (c) the antitrust or restraint of trade laws of that jurisdiction?

One box **must** be marked: **YES** ☐ **NO** ☒

If **"YES"**, the following information **must be submitted** as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- |   |   |
|---|---|
| 1. Full name and prior names used.                          | 5. Date and location of birth.  |
| 2. Full birth name.   | 6. Social Security Number   |
| 3. Present home address.                                    | 7. The nature and description of each conviction or judicial action: the date and location: the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). |   |

**1. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION (A.R.S. §§10-202.D.2, 10-3202.02, 10-1623 & 10-11623)**

- a) Has the corporation filed a petition for bankruptcy or appointed a receiver? One box **must** be marked: **YES** ☐ **NO** ☒
- b) Has any person serving as an officer, director, trustee or incorporator of the corporation served in any such capacity OR held or controlled over 20% of the issued and outstanding common shares, or 20% of any other proprietary, beneficial or membership interest in any corporation which has been placed in bankruptcy, receivership or had its charter revoked, or administratively or judicially dissolved by any state or jurisdiction?

Underlined portion pertains to business corporations only

One box **must** be marked: **YES** ☐ **NO** ☒

If **"YES"** to A and/or B, the following information **must be submitted** as an attachment to this report for each person subject to the statement above.

1. The names and addresses of each corporation and the person or persons involved. (e.g. officer, director, trustee or major stockholder)
2. The state in which each corporation was a) incorporated b) transacted business.
3. The dates of corporate operation.
4. If any involved person (listed in #1) has been involved in any other bankruptcy proceeding within the past year, the name and address of each corporation.
5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.
6. Name and address of court appointed receiver.

**2. SIGNATURES:** Annual Reports must be signed and dated by at least one duly authorized officer or they will be rejected.

I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name FRANK LYNN DE SOMMA Date 9.1.3 Name \_\_\_\_\_ Date \_\_\_\_\_  
Signature [Signature] Signature \_\_\_\_\_  
Title PRESIDENT Title \_\_\_\_\_

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)